

Legislative Testimony
Human Services Committee
HB 5355 AAC An Advanced Dental Hygiene Practice Pilot Program
Tuesday, March 2, 2010
Jonathan Knapp, D.M.D.

Senator Doyle, Representative Walker, and esteemed members of the Human Services Committee; my name is Dr. Jonathan Knapp. I am a practicing dentist in Bethel and currently serve as the Immediate Past-President of the Connecticut State Dental Association. I am a HUSKY provider and an active participant in the Department of Public Health's Home By One pilot project to provide dental homes to kids in the WIC program by their first birthday. Please accept this testimony regarding some significant concerns with Raised Bill HB5355, An Act Concerning An Advanced Dental Hygiene Practice Pilot Program.

With regard to the issue of access to oral health care in Connecticut, tremendous strides have been made in less than 18 months following the settlement of the lawsuit on behalf of Connecticut's underserved children. Out of roughly 2500 practicing dentists, we now have surpassed one thousand HUSKY providers compared to the original number near 150, and we are continuing to actively recruit more in areas where we could use them. Utilization of services in the HUSKY program has surpassed 40%. It is critical to realize that utilization of dental services will never reach 100%. In fact, utilization by patients with the most generous private insurance plans runs at around 60% and has been that way for decades.

As you may already know, the Pew Center on the States just last week gave Connecticut an "A" grade for the numerous measures we have implemented to address access in our state. This A is the result of a very positive, constructive collaboration between government, communities of interest and the dental profession.

HB5355 is putting the cart before the horse in that it adopts the ADHP model first, and then calls for testing. Adoption of the ADHP model is pre-mature because of the lack of scientific evidence that it will positively impact access. In other parts of the country, there are delivery systems currently undergoing rigorous studies with millions of dollars being spent on outcome assessment. Despite tremendous push over the last eight years or more by some members of the American Dental Hygiene Association and its individual state constituents (starting in Oklahoma in 2002) the ADHP model has not been adopted anywhere. All of the largest foundations have concluded that their support, and their many millions of dollars should be devoted to the pilot-testing of other models.

While this bill goes into great detail on the allowable duties for ADHP's (which introduce many other concerns), it contains no specifics on the construction of the pilot-project, and fails to outline any specific parameters to be used to measure critical aspects of the study, be they positive or negative. In fact, the reporting requirements listed in the bill presume success by calling for mechanisms to expand the model, with no examination of any downside. Proponents of this model will claim that it will save costs, however there is no evidence to support that claim. Simply stating that it costs less to educate someone to the Masters level than it does to

educate a dentist fails to completely examine the costs associated with; developing, educating, credentialing, and sustaining the financial viability of this model in the Connecticut workforce. Any rational pilot-testing project must include scientifically sound evaluations of the economics involved. It is important to note that all of those costs will ultimately need to be borne by state dollars associated with regulatory budgets and state dollars spent on reimbursement rates for the Medicaid program.

This bill does not even mention improving access to care in its Statement of Purpose. The CSDA, which represents over 80 percent of the dentists in Connecticut, is vigorously pursuing various means by which access to oral healthcare can be significantly expanded. The CSDA Access Committee, on which I also serve, along with our Board of Governors and House of Delegates, has been evaluating many models and modalities to improve access. We support comprehensive solutions that include measures that are cost-effective and safe and we will continue to advocate for those. The access Committee has evaluated numerous provider models from around the world in great detail, eventually making a recommendation to the House of Delegates that we support the concept of testing a therapist model. The committee is currently evaluating what such a study might look like and addressing the complexities involved. Among the many questions that must be addressed: What should be measured and what are the appropriate metrics with regard to outcome and the other key factors?

HB5355 is a bill about scope of practice and from that standpoint is pre-mature as well. Last year, the General Assembly chose to charge Program Review and Investigation with the task of researching and providing recommendations on ways that the Legislature can manage "scope" issues. These turf battles have historically been controversial, very emotional and quite time consuming for everyone involved, particularly legislators. The PRI research has occurred and has resulted in a bill that is making its way through the legislative process. Until that journey is complete, consideration of HB5355 is premature.

For all of the reasons stated above, I urge that you defeat this bill and not vote it out of The Human Services Committee. I would be happy to entertain any questions now and make myself available at any point in the future.

Respectfully submitted,

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